



# Bloomington Youth Basketball



## Personal Information:

Name \_\_\_\_\_

List the name of your co-coach \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a previous Bloomington Youth Basketball Coach? ☐ Yes ☐ No

Please list previous experience in coaching, working with children, and/or affiliation with Parks and Recreation Departments: \_\_\_\_\_

\_\_\_\_\_

## Volunteer Classification:

\_\_\_\_ Bloomington Community  
\_\_\_\_ Parent of participant(s)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_ Non-Parent

\_\_\_\_ College Student

Major \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

## Season III Coaching Preference by grade: (please indicate a 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> preference)

Coed Skilled	K _____	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____		
Girls' Skilled	4 <sup>th</sup> -6 <sup>th</sup> _____	7 <sup>th</sup> -8 <sup>th</sup> _____	Boys' Skilled	4 <sup>th</sup> /5 <sup>th</sup> _____	6 <sup>th</sup> _____	7 <sup>th</sup> -8 <sup>th</sup> _____
Coed Developmental	Pre K _____	K/1 <sup>st</sup> _____	2 <sup>nd</sup> /3 <sup>rd</sup> _____			

## Service Agreement:

If I am selected as a coach for the Bloomington Youth Basketball program, I agree to actively participate in all weekly practices and games throughout the season. Furthermore, I will support the league's focus on building self-esteem, teamwork and developing the fundamentals of basketball through my coaching.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**[Please note: Signing above agreement includes consent to have a Category 2 background check done on your criminal history record.]**

Thank you for your interest in the Bloomington Youth Basketball Program. We look forward to a fun and positive season for parents, kids and coaches alike. Good luck!